

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-015174

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 136

FILED APR 29 1963

1. PLACE OF DEATH

a. COUNTY Callaway

b. CITY (If outside corporate limits, give TOWNSHIP only)

Tulton

Length of stay in 1b.

50 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 829 Court St.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Callaway

c. CITY

Tulton

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

829 Court St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

Goldie

First

Allison

Middle

McGregor

Last

4. DATE

OF DEATH

Month

Day

Year

April

22

1963

5. SEX

Female

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-27-91

9. AGE (last birthday)

72

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10b. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (City and state or country)

Carrington, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.C.

13a. FATHER'S NAME

Mike Gilbert

13b. MOTHER'S MAIDEN NAME

Alice Davis

14. NAME OF HUSBAND OR WIFE

H. Clay McGregor

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mildred Mosena, Tulton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

gastric ulcer

Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.

DUE TO (b)

probably carcinoma

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

+4 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I.

Coronary artery disease, atherosclerosis, arteriosclerosis, probably due to obstructed coronary arteries.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY; TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

11/27/62

to

4/22/63

and last saw her

live on

4/19/63

Death occurred at

1:15 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Henry D. D.

22b. ADDRESS

Tulton, Mo.

22c. DATE SIGNED

4/23/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-23-63

23c. NAME OF CEMETERY OR CREMATORY

Hillcrest

23d. LOCATION (City, town, or county)

Tulton

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Marlin Funeral Home, Tulton, Mo.

25. DATE RECD. BY LOCAL REG.

April 27-1963

26. REGISTRAR'S SIGNATURE

Martha Lawrence

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

1 0147

2 0147

3

4 1

5 1

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7 0

8 2

9/51X

10

11

12 90-0

13 1-0

JAN 8 1964

JAN 14 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student: _____
Signature of Student Embalmer

Signed Thomas M. Emmons

Licensed Embalmer No. 5064

P. O. Address Fulton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.